

State of Washington  
Department of Retirement Systems

# BENEFICIARY DESIGNATION

Department of Retirement Systems  
PO Box 48380  
Olympia, WA 98504-8380  
Toll Free: 1-800-547-6657  
Local: 360-664-7000  
TDD: 360-586-5450

**Return completed form to DRS**

Important: Before completing this form, carefully read the instructions on page 2. If you are a survivor of a retiree, please list the retiree's name and Social Security Number.

Name of retiree (if different from payee)

Retiree's Social Security Number

## Section One: Identification -- Please type or print in dark ink and return completed original form to DRS

Last name		First name		Middle name	
Retirement System -- check one only <input type="checkbox"/> Public Employees <input type="checkbox"/> Teachers <input type="checkbox"/> Law Enforcement Officers & Fire Fighters <input type="checkbox"/> School Employees (non-teachers) <input type="checkbox"/> Judicial <input type="checkbox"/> State Patrol				Telephone Number (Daytime)	Social Security Number
				Telephone Number (Evening)	Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Section Two: Beneficiary Designation -- You must designate at least one primary beneficiary.

Full name of persons or estate (trusts below)	Designation	Relationship	Date of Birth	Address
	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>			Street
Social Security #:	<b>Must Check one</b>			City State Zip
	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>			Street
Social Security #:	<b>Must Check one</b>			City State Zip
	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>			Street
Social Security #:	<b>Must Check one</b>			City State Zip
	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>			Street
Social Security #:	<b>Must Check one</b>			City State Zip
Trusts or organizations (attach documentation)	Designation	Trustee or Administrator		Address
Name:	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>			Street
	<b>Must Check one</b>			City State Zip

## Section Three: Certification -- Complete in full

I, \_\_\_\_\_ (print name), hereby direct that any monies standing to my credit, unless otherwise specified or required by law, will be paid in equal shares to any primary beneficiaries named above who survive me, but if none survive, such monies will be paid in equal shares to any contingent beneficiaries named above who survive me. I hereby certify that I have read and understand the instructions to this form and that all of the information I have entered on this form is true and complete. Submission of this form revokes any prior designations that I have made.

\_\_\_\_\_  
Signature of Member Date  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code

## Section Four: Witness -- To be completed by a person, other than a beneficiary, who witnesses the member's signature

I, \_\_\_\_\_, am witness that the above named member completed and signed this document.  
Witness name (cannot be a named beneficiary) - please print in dark ink

\_\_\_\_\_  
Signature of Witness (cannot be a named beneficiary) Date  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code

**Note to Retirees:** This form **cannot** be used to designate a new beneficiary to receive a monthly survivor option (retirement benefit payment options 2, 3, and 4). Beneficiary(ies) who receive survivor options are named on the retirement application form.

**Instructions:** Use this form to designate or change your beneficiary(ies) with the retirement system you indicated in Section One. The designated beneficiary(ies) will receive any monies in your account at the time of your death. If you have money in more than one retirement system, you must complete a separate form for each system.

Your designated primary and contingent beneficiary or beneficiaries may be a person, persons, your estate, a trust, or an organization. If a trust is named, the legal documentation must be submitted with this form. Primary beneficiaries will receive any monies in your account when you die. If no primary beneficiary is alive at the time of your death, the contingent beneficiary(ies) will receive the money in your account.

To make your designation:

1. Complete Section One.
2. Complete Section Two and check the appropriate box to indicate whether you wish to make that person or entity a primary or contingent beneficiary.

When naming a person, always show given names. For example:  
MARY K. DOE (not Mrs. Robert Doe)

You may designate more than one primary beneficiary. If you do, the funds will be divided equally among all named primary beneficiaries unless otherwise specified or required by law.

After naming your primary beneficiary(ies), you may name one or more contingent beneficiaries. If the primary beneficiaries are no longer living, the funds will be divided equally among all contingent beneficiaries unless otherwise specified or required by law.

3. Complete and sign Section Three.
4. To protect members from fraudulent claims, it is required that another person witness the member's signature on this document and complete and sign Section Four. A beneficiary cannot sign as a witness.

Sign and date the form. If the signature can only be made by mark, it must be witnessed by two persons who sign the form. The two witnesses must sign in the witness section and initial in Section Three if marked with an "X."

5. The form must be returned to DRS, PO Box 48380, Olympia WA 98504-8380.

**Important:** Your beneficiary designation may be invalidated by subsequent marriage, divorce or reestablishment of membership following withdrawal or retirement. Make a copy of your beneficiary designation and review it periodically to ensure that it is still valid.

26 U.S.C. Sections 6047(D), 6041(A), and 6109(A)(3) authorize DRS to solicit your Social Security Number.

- DRS uses your Social Security Number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- Routinely, DRS uses the Social Security Number as the identifying number for the member file.
- If you do not provide your Social Security Number, DRS cannot guarantee that the information you are providing on this form will be properly matched with your member records. This is a particular risk if your name is a fairly common one. Failure to provide your Social Security number may also result in misreporting to the Internal Revenue Service any disbursements you receive, which may result in adverse tax consequences for you.
- Because this form affects how DRS reports your disbursements to the IRS, the disclosure of your Social Security Number to DRS is mandatory.
- DRS will not disclose your Social Security Number to any party unless required by law.